Jennifer A. Samproni

2227-027

COMPLETE IF KNOWN

herewith

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DECLARATION FOR UTILITY OR

DESIGN PATENT APPLICATION

(37 CFR 1.63)

OR

Submitted

Declaration

Submitted after Initial

Attorney Docket Number

First Named Inventor

Application Number

Filing Date

With Initial Filing	Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit							
V. mily	required)	Examiner Name							
As a below named in	ventor, i hereby declare that	at:							
My residence, post off	fice address, and citizenship a	are as stated below next to	o my name.						
			•	· · · ·					
	 first and sole inventor (if only on ubject matter which is claimed and 				ıral names				
CHLORIDE ION	SELECTIVE ELECTRO	ODE MEMBRANE	*	•	_				
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the specification of which (Title of the Invention)									
is attached hereto									
OŘ	·			•					
was filed on (MM/C	(YYYY)QK	as United States App	plication Number or	PCT Internation	al				
Application Number	and	I was amended on (MM/DD/YY	YYY)		(if applicable).				
I hereby state that I have re- specifically referred to above	eviewed and understand the conte re.	ants of the above Identified spe	ecification, including	g the claims as a	mended				
applications, material inform	fisclose information which is mate nation which became available be ne continuation-in-part application.	etween the filing date of the pri							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)		Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Cop	y Attached?				
	Country		NOI Claimed	YES	NO				
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NAME OF SOLE OR FIRST	INVENTOR:	A petiti	on has been	filed for th	is unsigned inventor	
Given Name J (first and middle [if any])		Family Name Samproni or Surname				
Inventor's Signature				Date	July 10,2003	
Cardiff		CA	USA		USA	
Residence: City	· · · · · · · · · · · · · · · · · · ·	State	Соп	ntry	Citizenship	
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Malling Address		·•	·	·····		
Cardiff		CA	9200	7	USA	
City		State	Zip		Country	
NAME OF SECOND INVE	ITOR: A	etition has b	een filed for t	his unsign	ed inventor	
Given Name (first and middle [if any])			Family Nar or Surnam			
Inventor's Signature		·		Date		
Sanktones City		S			Claireachia	
Residence: City		State	Cour	wry	Citizenship	
Mailing Address						
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City		State	Zip		Country	

[Page 2 of 2]

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Additional Inventors are being named on the

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respon d to a collection of information unless it displays a valid OMB control number Application Number herewith Filing Date **POWER OF ATTORNEY OR** Jennifer A. Samproni First Named Inventor **AUTHORIZATION OF AGENT** Group Art Unit Examiner Name 2227-027 Attorney Docket Number I hereby appoint: Place Customer ☑ Practitioners at Customer Number 29502 Number Bar Code Label here Practitioner(s) named below: Name Registration Number Freling E. Baker 24,078 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number Place Customer Number Bar Code Practitioners at Customer Number Label here OR 🔀 Firm or Freling E. Baker Individual Name Address 12625 High Bluff Drive Suite 203 Address City ZIP 92130 Sam Diego State USA Country Telephone (1858) 350-9520 (1858) 350-9570 Fax Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jennifer A. Samproni Signature NOTE: Signatures of all the inventors or assignees of fecord of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

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